



## COVID-19 Alert levels 3 & 4

Information for Midwives: Updated 18 August 2021

## Supporting homebirth during the COVID-19 pandemic

During the current COVID-19 pandemic midwives in Aotearoa New Zealand and internationally are reporting that an increased number of women are considering the option of home birth, and many are choosing to stay at home to birth their baby in their own 'bubble'.

### Why are more women choosing to birth at home?

Anecdotally, a number of factors are contributing to women's decision-making at this time. The influencing factors for planning a home birth include having the choice of support people for labour and birth, maintaining a virus-free space where only invited midwives will be present in addition to the members of the woman's usual 'bubble', and women's confidence in their bodies and their midwives to provide care and initiate transfer if necessary. Other factors include the current restriction to only one support person at a hospital or primary maternity facility birth, no visitors during a postnatal stay, and women's sense of increased anxiety about being around other people and in foreign environments where there is a perceived higher chance of exposure to the virus.

### What contributes to decision-making on place of birth?

Homebirth is a safe and reasonable option for healthy mothers and babies, and criteria for supporting homebirth should be considered similarly to the admission criteria for primary birthing units.

If women or their babies have indications for obstetric involvement, they should be advised to go to hospital for their birth, as per usual recommendations.

Informed decision making is a prerequisite for any midwifery care and it is important that women have the information to make decisions about the most appropriate place of birth for their context. This requires the midwife to discuss all options available, review the woman's and baby's particular needs, how care will be provided and the process for accessing obstetric care if needed. The information shared and decisions made need to be documented clearly.

### What needs to be considered for home birth care during COVID-19 Alert levels 3 & 4?

As with all midwifery care, planning for home birth during COVID-19 Alert levels 3 & 4 needs to occur in partnership between the woman and midwife. In order to reduce the risk of viral transmission to the woman, the baby, anyone in her bubble, and the midwives, the following specific recommendations apply:

- The woman is well, and does not have suspected or confirmed COVID-19
- Everyone in the woman's household bubble is well and does not have suspected or confirmed COVID-19
- The woman and her household bubble have been staying at home as per alert levels 3 & 4 requirements, except to travel to essential services (midwifery appointments, grocery shopping etc).



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- The woman may have one other contact person or family to provide childcare. This, in effect, creates a 'shared bubble'. Everyone in the childcare contact's household must be well and must not have suspected or confirmed COVID-19. They must also be maintaining alert levels 3 & 4 social distancing requirements.
- Only the person/people who live in the woman's household bubble can be with the woman during labour and birth for support, along with the midwives. Midwives need to know that people from outside the woman's household bubble will not arrive during labour and birth.
- As of 18 August 2021, masks are mandatory at all times for essential workers and those accessing essential services, include midwifery care. Recommendations for full PPE use are in the [Ministry of Health guidance](#) (scroll down to the Maternity section).

## I don't usually provide home birth care in my midwifery practice. What do I need to consider?

For some midwives, home birth is not a usual part of your midwifery practice, and you may feel unsure about how best to support this. Reach out to your midwifery colleagues – there will be other midwives in your region who will help to support you with preparing for attending a homebirth. Read the New Zealand College of Midwives consensus statement on [Normal Birth](#).

Evidence indicates that, in countries like New Zealand where midwives are integrated into the maternity system with appropriate transfer and consultation processes, the outcomes for planned home birth are safe for low-risk women and babies. Women have a higher chance of giving birth without intervention and a lower chance of morbidity when planning to birth at home. In most cases, women who plan to birth their babies at home are anticipating a physiological/'normal' birth in their own space, with midwifery care that is respectful of the woman's autonomy and ability to birth her baby. This requires supportive labour care that is respectful of the woman's physiological process and the midwife's status as a guest in the woman's space. It does not mean bringing hospital procedures and process to the woman's home. However, it is important to have the necessary equipment readily accessible in your home birth kit and be comfortable with its use in a home setting. Women expect appropriate monitoring, support, and timely decision-making if transfer to hospital is indicated and skilled clinical midwifery care if an acute emergency response is required.

## What midwifery equipment needs to be included in a home birth kit?

At many planned home births, less equipment is required and used than in hospital because birth is commonly straightforward and physiological. However, midwives need to be prepared both with the equipment they require for routine care as well as for managing acute or emergency situations. It is up to each midwife to decide on the contents of her home birth kit, however at a minimum this will include equipment for monitoring the woman (BP, temp); and the baby (fetal heart rate, newborn heart rate); sterilised birth and suturing instruments and equipment; uterotonic drugs; maternal and neonatal resuscitation equipment including an oxygen cylinder and ambubag; IV equipment; catheterisation equipment; sterile and non-sterile gloves. A full list of suggested equipment is included in [appendix I](#).

## What else do I need to organise for a planned home birth?

Bring your own mobile phone, charger, food and drinks with you, along with handwashing supplies.

Arrange a back-up midwife to be available to attend the birth of the baby and placenta with you. The primary midwife often provides labour care and calls the second midwife in time to be there for the



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birth and placental birth. You may wish to negotiate with your second midwife to attend for longer than just the time around birth.

Ensure you know how to complete reporting requirements after the birth, including obtaining an NHI number for the baby, notification to Births, Deaths, and Marriages (BDM), and registration of baby on the National Immunisation Register (NIR).

Familiarise yourself with the processes for calling for ambulance support if an emergency occurs (but don't call them just to attend a normal birth or for a non-urgent transfer), and identify the direct dial lines for neonatal support, birthing suite etc. at your local DHB.

## What preparations should I suggest the woman and her whānau make for a planned home birth?

Provide women with a list of things to gather for the birth (see [appendix II](#) for a suggested list). It can be very useful if the woman makes a birth mat in preparation for labour and birth. This is a large, waterproof surface that can be laid on the floor or on furniture to absorb any body fluids during birth or third stage. For instructions see [appendix III](#).

## What happens with the placenta/whenua?

Most women who birth at home will keep their placenta/whenua to bury. Many women and whānau make ipu whenua or use commercially available placenta kits that biodegrade once buried. For women and whānau who do not wish to keep the placenta/whenua, the midwife takes it to the DHB for appropriate disposal with other human tissue. It is important that the placenta/whenua is not discarded with general rubbish/landfill.

## How do I make a birth notification for a baby born at home?

As of 24 February 2020, BDM no longer accept birth notices by mail, email or fax. All birth notices are now required to be submitted online: [Birth Notices Online](#)

The Department of Internal Affairs has developed an [online guide to help you through the process of creating an account](#) (open in Chrome). Once you have completed that process and emailed a photo or scan of your practising certificate, Internal Affairs will set you up and confirm with you within 5 working days.

By applying to use Birth Notices Online you are agreeing to comply with the terms and conditions: [http://www.dia.govt.nz/diawebsite.nsf/Files/Birth-Notices-Online-Terms-and-Conditions-Jan-2020/\\$file/Birth-Notices-Online-Terms-and-Conditions-Jan-2020.pdf](http://www.dia.govt.nz/diawebsite.nsf/Files/Birth-Notices-Online-Terms-and-Conditions-Jan-2020/$file/Birth-Notices-Online-Terms-and-Conditions-Jan-2020.pdf)

For any other enquiries please reply to [onlinesupport@dia.govt.nz](mailto:onlinesupport@dia.govt.nz)

## Appendix I.

Many midwives keep each section of the kit in a labelled container for ease of access and re-stocking.

Home birth kits typically involve having compartments in a suitcase, carry-all, large plastic box or other portable receptacles. Speak to your colleagues and experienced home birth midwives for how they organise their equipment.



Table 1. Midwifery home birth equipment

General	Neonatal
All antenatal equipment All postnatal equipment Stethoscope BP cuffs (range of sizes) Thermometer Doppler/pinard/fetoscope Urinalysis sticks Nonsterile gloves Sterile gloves Swabs/Wipes Good lighting eg. head torch, hand torch Amni-hook Mirror Inco sheets Cotton packs	Neonatal stethoscope Ambubag, oxygen tubing Oxygen tank, regulator Cord ties/clamps Baby scales/tape measure Vitamin K and administration equipment Cord blood taking equipment and tube/s
	PPH management
	Uterotonics: oxytocin, syntometrine IV cannulation equipment IV fluids Catheterisation equipment (in-out & IDC) Phlebotomy equipment
Birth instruments	Maternal resus equipment
Birth instruments – artery forceps, cord scissors Equipment to perform episiotomy Equipment to perform perineal repair	Hudson mask and oxygen tubing Oxygen cylinder (same as neonatal resus) IV cannulation equipment
Forms and resources	PPE for COVID-19 (see <a href="#">MoH guidance</a> ) 2 sets
Well Child Tamariki Ora book BDM 9 Birth Notification (see info below) Newborn metabolic screen card and lancets Lab requisition forms NIR forms	Gloves Surgical face masks Fluid-resistant gowns or aprons Eye protection: googles/face shields Soap/sanitizer

## Appendix II

Table 2. Woman/whānau prepares the following birth gear

Old towels x 6-8 Hand towels ( for applying moist heat) Flannels Lamp/s for low lighting Birth mat (see instructions above)/plastic sheet Sanitary pads Container for placenta One large and two small plastic bags for rubbish	Soft towels for newborn x 3-4 Hot water bottles (wrap towels to warm) Radiant heater/good heating source Baby nappies Baby clothes and woollen hats Safe sleep space and newborn bedding Car seat
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## Appendix III

**Instructions for the woman to make a birth mat**

Lay down a large plastic (waterproof) sheet, or small tarpaulin

Place newspaper or old blankets/duvet inner on top

Place one clean old sheet or soft blanket on top

Seal all four edges with strong duct tape